



RAVICTI PA SUMMARY

PREFERRED	Buphenyl (sodium phenylbutyrate [PBA]) tablets, powder
NON-PREFERRED	Ravicti (glycerol phenylbutyrate) oral liquid, generic sodium phenylbutyrate powder

LENGTH OF AUTHORIZATION: 1 Year

PA CRITERIA:

For Ravicti

- ❖ Approvable for members 2 years or older with urea cycle disorder (UCD) unable to be managed by dietary protein restriction and/or amino acid supplementation alone

AND

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-to-drug interactions, or intolerable side effects to Buphenyl.
- ❖ In addition, Ravicti must be used along with dietary protein restriction.

For Generic Sodium Phenylbutyrate Powder

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) that the preferred product, brand-name Buphenyl powder, is not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limit please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.